



COMPLETE THIS FORM & FAX TO: (561) 791-9880

CREDIT CARDHOLDERS AUTHORIZATION

In lieu of my credit card imprint, I _____
(PRINT name as shown on credit card)

hereby authorize CODA INTERNATIONAL TOURS INC to charge my credit card

Number _____ Exp Date _____ SIC code _____

for the amount shown on my invoice for payment of travel arrangements for myself

and/or _____
(full name of passenger if other than cardholder)

for travel arrangements as per itemized on my invoice.

My billings address: _____
(Street Name)

(City/Country)

(Phone – home & business)

(Fax)

By signing below, I acknowledge charges described herein, and agree not to deny charges in case of any mishap, misunderstanding, or any other extenuating circumstance. I acknowledge that Coda International Tours Inc is advising me to protect my travel investment with any travel insurance policy of my choice.

X _____
(cardholder's signature)

(date)

**NOTE: IF REQUESTED, PLEASE PROVIDE A LEGIBLE
PHOTOCOPY OF THE CREDIT CARD (FRONT AND BACK)**

CODA INTERNATIONAL TOURS, INC
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